



Air Quality Operating Permit Application Form

Lincoln-Lancaster County Health Department

Environmental Public Health Division - Air Quality Program

Lincoln, NE 68510

ph: (402) 441-8040

fax: (402) 441-3890

<http://www.lincoln.ne.gov/city/health/enviro/pollu/air.htm>

Purpose of Application:

☐ Initial Operating Permit

☐ Operating Permit Modification

☒ Operating Permit Renewal

☒ Revise Previously Submitted Application

SECTION 1: ADMINISTRATIVE INFORMATION AND RESPONSIBLE OFFICIAL CERTIFICATION

Part A: Company Information

Company Name:	Kawasaki Motors Manufacturing Corp., U.S.A (KMM)		
Company Address:	P.O. Box 81469		
Company City:	Lincoln	Company State:	Nebraska
Company ZIP:	68501		
Is the business incorporated?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If so, name the state where incorporated:	Nebraska


Part B: General Facility Information

Facility Name:	Kawasaki Motors Manufacturing Corp., U.S.A (KMM)		
LLCHD Facility ID #:	00132		
Facility Physical Address:	Rail Car Facility - 6500 NW 27th St. --- Consumer Products - 6600 NW 27th St.		
Facility City:	Lincoln	Facility State:	Nebraska
Facility ZIP:	68524		
Facility NAICS Code(s):	336612	Boat Building	
	336999	All Other Transportation Equipment Manufacturing	
	336510	Railroad Rolling Stock Manufacturing	
Is the facility located within 50 miles of another state?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If so, which state(s)?	<input checked="" type="checkbox"/> Iowa <input type="checkbox"/> Kansas <input type="checkbox"/> Missouri
Is the facility located on leased property?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Part C: Contact Information

Facility Contact Person:	Byron Nelson		
Facility Contact Person Title or Responsibility:	Facility Engineer		
Phone Number:	(402) 476-6600 x1281	E-Mail:	bnelson@lcn.kmmfg.com
Alternate Phone Number: (optional)		Fax Number: (optional)	
Who is the primary contact for questions regarding this application?	<input type="checkbox"/> Facility Contact Person <input checked="" type="checkbox"/> Other	If other, provide the following information:	
Primary Contact Person:	Piyush Srivastav		
Primary Contact Person Company: (if different)	Nebraska Air Quality Specialties		
Phone Number:	(402) 489-1111	E-Mail:	piyush@nags.com
Alternate Phone Number: (optional)	(402) 310-5321	Fax Number: (optional)	(402) 489-0444

SECTION 1: ADMINISTRATIVE INFORMATION AND RESPONSIBLE OFFICIAL CERTIFICATION

Part D: Permit Information			
Does this facility currently hold an operating permit issued by the LLCHD?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If so, what type of operating permit does the facility hold?	<input checked="" type="checkbox"/> Class I (Title V) - Major Source		<input type="checkbox"/> Class II - Minor Source
	<input type="checkbox"/> Class II - Synthetic Minor Source		
What is the expiration date of the operating permit you currently hold?		12/14/2012	
Does this facility currently hold one or more construction permits issued by the LLCHD?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If so, list the numbers for all currently effective construction permits. Do not include superceded permits.	061C	070A	099A
	111A	132	
If you know what type of permit you are applying for, check the appropriate box:	<input checked="" type="checkbox"/> Class I (Title V) - Major Source		<input type="checkbox"/> Class II - Minor Source
	<input type="checkbox"/> Class II - Synthetic Minor Source		<input type="checkbox"/> I do not know permit type.
Part E: Responsible Official Certification			
Compliance Certification <input checked="" type="checkbox"/> Agree <input type="checkbox"/> Disagree	I hereby certify that, based on information and belief formed after reasonable inquiry, the facility that emits air pollutants, which is identified in this application and that is subject to the applicable requirements identified in Section 9: 1. Is in compliance with all applicable requirements, except as described in Section 9; 2. Will continue to comply with all applicable requirements for which compliance has been achieved; and, 3. Will comply with all applicable requirements for which compliance is not currently achieved		
Truth and Accuracy Certification <input checked="" type="checkbox"/> Agree <input type="checkbox"/> Disagree	I certify under penalty of law that, based on information and belief formed after reasonable inquiry, the statements and information contained in this Air Quality Operating Permit application are true, complete, and accurate. I certify that all hard copies of this application are identical in content.		
Electronic Copy Certification <input checked="" type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Not Applicable	I certify under penalty of law that, based on information and belief formed after reasonable inquiry, the statements and information contained in the electronic copy of the Air Quality Operating Permit application are identical in content to the hard copy submittal.		
Citizenship Attestation <input checked="" type="checkbox"/> Agree <input type="checkbox"/> Disagree	For the purpose of complying with Neb. Rev. Stat. §§4-108 through 4-114, I attest as follows (<u>check one</u>): <input checked="" type="checkbox"/> I am a citizen of the United States. OR <input type="checkbox"/> I am a qualified alien under the federal Immigration and Nationality Act, and will provide my immigration status, alien number, and USCIS documentation upon request. I hereby attest that my responses and the information provided on this form and any related application for public benefits are true, complete, and accurate, and I understand that this information may be used to verify my lawful presence in the United States.		
Responsible Official Name: (printed or typed)	MIKE BOYLE		
Responsible Official Title:	VICE PRESIDENT / PLANT MANAGER		
Responsible Official Signature:			
Date:	3-26-15		